# Home Health Certification and Plan of Care

**Order ID: 1150/16972**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 52173738 | 03/06/2026 | From: 03/06/2026 To: 05/04/2026 | 1449 | 217058 |

**6. Patient's Name and Address**

Debra Lathe
5003 E Oliver St,
BALTIMORE, MD 21205-
443-630-2798

**7. Provider's Name, Address and Telephone Number**

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

**8. DOB** 11/05/1958 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J44.1 | Chronic obstructive pulmonary disease w (acute) exacerbation | 03/06/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| J96.21 | Acute and chronic respiratory failure with hypoxia | 03/06/26 |
| J96.22 | Acute and chronic respiratory failure with hypercapnia | 03/06/26 |
| R91.1 | Solitary pulmonary nodule | 03/06/26 |
| G61.81 | Chronic inflammatory demyelinating polyneuritis | 03/06/26 |
| I11.0 | Hypertensive heart disease with heart failure | 03/06/26 |
| I50.30 | Unspecified diastolic (congestive) heart failure | 03/06/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 03/06/26 |
| I48.91 | Unspecified atrial fibrillation | 03/06/26 |
| E78.5 | Hyperlipidemia unspecified | 03/06/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 03/06/26 |
| E21.3 | Hyperparathyroidism unspecified | 03/06/26 |
| D50.9 | Iron deficiency anemia unspecified | 03/06/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 03/06/26 |
| Z99.81 | Dependence on supplemental oxygen | 03/06/26 |
| Z79.82 | Long term (current) use of aspirin | 03/06/26 |
| Z79.02 | Long term (current) use of antithrombotics/antiplatelets | 03/06/26 |
| Z95.1 | Presence of aortocoronary bypass graft | 03/06/26 |
| Z87.01 | Personal history of pneumonia (recurrent) | 03/06/26 |

**10. Medications: Dose/Frequency/Route (N)ew (C)hanged**

Carafate - Sucralfate 1gm 1 g, 1 tab by mouth four times a day Before meals and at bedtime
Protonix - Pantoprazole Sodium eq 40 mg base 40mg intravenous once a day injection 40mg
Robaxin - Methocarbamol 500mg by mouth three times a day
Roxicodone - Oxycodone Hydrochloride 5 mg 5mg by mouth every 8 hours Immediate release tablet 5 mg, as needed
Spiriva Respimat - Tiotropium Bromide 2.5 mcg/act; 2 puffs inhalant once a day
Docusate Sodium - Docusate Sodium 100mg, 1 tab by mouth once a day
Zoloft - Sertraline Hydrochloride eq 100 mg base 100mg, 1 tab by mouth at bedtime
Ditropan Xl - Oxybutynin Chloride 10 mg 10mg, 1 tab by mouth once a day
Lipitor - Atorvastatin Calcium eq 80 mg base 80mg, 1 tab by mouth once a day
Gabapentin - Gabapentin 300 mg 600mg; 2 cap by mouth three times a day
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000mcg, 1 tab by mouth once a day
Aspirin 81Mg - Aspirin 81mg by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 10mcg, 1 tab by mouth once a day
Desyrel - Trazodone Hydrochloride 50 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** 50mg, 1 Tablet by mouth at bedtime
Buspar - Buspirone Hydrochloride 10 mg 1 by mouth twice a day For tremor and generalized anxiety
Lasix - Furosemide 20 mg 1 by mouth once a day For CHF

**14. DME and Supplies:**

wheelchair, rolling walker, hand held shower, bath bench, commode, grab bars, walker, oxygen supplies, cane, 4 wheeled walker

**15. Safety Measures:**

activity supervision, bathroom safety, standard precautions, emergency phone # clearly displayed, ambulates with assistance, supervision at all times, transfer with assist, walker precautions, smoke detectors , O2 precautions, medication safety, fall precautions, bleeding precautions, , ambulates with device

**16. Nutrition:**

low sodium

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Dyspnea With Minimal Exertion, Ambulation, Bowel/Bladder Incontinence, Endurance

**18.B. Activities Permitted**

Walker, Exercises Prescribed, , Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**20. Prognosis:** good

**22. A Rehabilitation Potential:**

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**22.B.Discharge Plans**

family/caregiver will be responsible for managing treatment

**Homebound status:**

Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

**Clinical Condition Requiring Homecare:**

<p class="MsoNoSpacing">The patient is a 67-year-old female receiving home health services for skilled nursing assessment and management following hospitalization for acute respiratory failure with hypoxia and hypercarbia in the setting of severe chronic obstructive pulmonary disease (COPD), with ongoing palliative care support. Her medical history is significant for coronary artery disease status post PCI, heart failure with preserved ejection fraction, atrial fibrillation, chronic inflammatory demyelinating polyneuropathy, essential hypertension, gastroesophageal reflux disease, chronic diarrhea, iron deficiency anemia, prior pneumonia, and a history of small bowel obstruction with prior bowel resection and cholecystectomy. During her recent hospitalization, she presented with periumbilical abdominal pain, nausea, flu-like symptoms, and worsening shortness of breath unrelieved by home nebulizer treatments; evaluation revealed acute on chronic respiratory acidosis with hypoxia and hypercapnia, elevated serum bicarbonate, hyponatremia, and hypokalemia requiring BiPAP support and ICU consultation. She currently has severe COPD with chronic respiratory failure requiring continuous oxygen at 3 L/min via nasal cannula and reports dyspnea with minimal exertion; lung sounds are diminished bilaterally with occasional wheezing. Cardiovascular history includes CAD, atrial fibrillation with irregular but stable rhythm, and HFpEF without current chest pain, though monitoring for fluid retention and worsening dyspnea is ongoing. Gastrointestinal history includes prior bowel resection with intermittent abdominal discomfort and chronic diarrhea. Neurologically, chronic inflammatory demyelinating polyneuropathy contributes to

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 03/06/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Tamischer Nettles
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 410-515-5440 FAX: 14105155581 NPI: 1285778225

**26.** I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 03/04/2026

**27. Attending Physician's Signature and Date Signed** : Date of physician last face-to-face

**28.** Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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generalized weakness and limited mobility. Functionally, the patient fatigues easily, ambulates approximately 30 feet indoors with supervision and bilateral AFOs, performs 14 steps with bilateral rails and supervision, and requires supervision for bed mobility and transfers; she resides in a townhouse with her sister and is considered homebound due to significant effort required to leave home, as evidenced by a Tinetti score of 15/28. Skilled nursing interventions include comprehensive cardiopulmonary assessment, monitoring of oxygen therapy and respiratory status, COPD management education including inhaler and nebulizer use, medication reconciliation and adherence teaching, monitoring for respiratory distress or infection, reinforcement of energy conservation and fall prevention strategies, and coordination with the palliative care team. Patient and caregiver education was provided regarding COPD management, oxygen safety, medication adherence, and recognition of symptoms requiring medical attention. The plan is to continue skilled nursing visits for cardiopulmonary monitoring, medication management, and disease education, with follow-up with the primary care provider and specialists as scheduled, continuation of palliative care support, and home therapy to improve strength and functional mobility.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/06/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 03/04/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic obstructive pulmonary disease with (acute) exacerbation<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <br> 1 - SOC -SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Nettles, Tamischer

## SN Careplans

SN WK1: 1 (03/06/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) ,WK3: 2 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, coughing, dependent edema, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, balance deficit, daytime fatigue

PROCEDURES: incentive spirometer, bladder training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition

## SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to go up and down her stairs without being SOB

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/06/2026 |

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including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

## PT Careplans

PT WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26) ,WK7: 1 (04/12/26-04/18/26) ,WK8: 1 (04/19/26-04/25/26) ,WK9: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Home exercise program : Spine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule

## PT Goals

PATIENT-STATED GOAL: Feel stronger and be able to do housework

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/06/2026 |